

Name  
in  
Full

J. H. Balliett

Town

Cumberland

County

Allegany

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at	Town		County			
Date of death 1902	Month 9	Day 26	Age 56	Years	Months	Days
Sex Male	Color or Race		White	Birth-place France		
Married, Single or Widowed	Occupation		Nurse			
Name of Wife or Husband	Unknown					
Father's Name	Unknown		Father's Birthplace France			
Mother's Maiden Name	Unknown		Mother's Birthplace France			
Name of person giving Information	J. M. Spear		How related to deceased Not at all			
CAUSES OF DEATH						
Primary	Diarrhea			How long 4 weeks		
Immediate	Exhaustion			How long 1 week		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		Address	
yes			J. M. Spear		Cumberland, Md.	
Accident or Suicide?						

PHYSICIAN  
OR CORONER



Rosaline Barry

Died at Eckhart mines, Allegany County, MARYLAND

Date 1902	Month Sept.	Day 29	Y. - 3 -	M. -	D. -	Native of N.Y.	Occupation
Male	White	Married	Widow	Divorced			
Female	German	Single	Widower	Number of children living			

Husband of

Wife

Father's Name

James Barry

Mother's Name

Clara

Cause of Death

Primary

Spinal meningitis

How long sick

4 weeks

Immediate

Accident, Suicide, Homicide

Reported by

McGinnis M.D.

Address

Eckhart mines [redacted] M.D.



Name  
in  
Full

Sharon Brout

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1902	Month 9	Day 17	Age 1	Years	Months 4
Sex	Male	Color or Race	white		Birth-place	Ellerslie
Married, Single or Widowed	—		Occupation			
Name of Wife or Husband						
Father's Name	Jessie Brout			Father's Birthplace	Buffalo Mills Pa	
Mother's Maiden Name	Jennie Pisul			Mother's Birthplace		
Name of person giving information	Henry Ewerline			How related to deceased	n/n	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Measles withoping Pough

How long

3 mos

How long

Immediate

Anemia

Signature of  
Physician

Address

Are the name, age, sex, color, date and place correctly given above?

Yes

J. L. Smith  
Ellerslie

Accident or Suicide?

Pure Hile



Name  
in  
Full

Arthur Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death 1902	Month Sept	Day 2	Age	Years	Months	Days	
Sex Male	Color or Race		Colored		Birth-place	Locaening	
Married, Single or Widowed	Occupation						
Name of Wife or Husband							
Father's Name	John Brown				Father's Birthplace	Harrisonburg	
Mother's Maiden Name	Mary Collier				Mother's Birthplace	Bridge Water	
Name of person giving information	John Brown				How related to deceased	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Capillary Bronchitis

How long

Two days

Immediate

Meningitis

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician  
Address

W.B. Skillings

P. O. Box 100  
Locaening

Accident or Suicide?



Name  
in  
Full

Dakine Walter Bussard

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month Sep	Day 20	Age 56	Years	Months
Sex Male	Color or Race white	Occupation Drummer	Birth-place WVa	Days	
Married, Single or Widowed	Married				
Name of Wife & Husband	Laura Martin				
Father's Name					
Mother's Maiden Name					
Name of person giving Information	Undertaker				
CAUSES OF DEATH					
Primary	Cerebral hemorrhage			How long	10 hours
Immediate	Coma			How long	10 hours
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Dr. H. Brace M.D.	
			Address	Cumberland Md	
Accident or Suicide?					

PHYSICIAN  
OR CORONER



Name  
in  
Full

Infant of John C. Campbell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Templeton</u>		Town	County <u>Allegany</u>		MARYLAND	
Date of death 1902	Month 2	Day <u>Sept</u>	Age <u>6</u>	Years	Months 6	Days
Sex <u>Male</u>	Color or Race <u>white</u>	Occupation <u>student</u>		Birth place <u>nd</u>		
Married, Single or Widowed <u>single</u>						
Name of Wife or Husband <u>—</u>						
Father's Name <u>John C. Campbell</u>					Father's Birthplace	
Mother's Maiden Name <u>—</u>					Mother's Birthplace	
Name of person giving Information <u>undivided</u>					How related to deceased	<u>105</u>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Chloro hydrant</u>	How long <u>40 days</u>
Immediate <u>Exhaustion</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician Address <u>J. Campbell Templeton nd</u>
Accident or Suicide? <u>—</u>	



Angela Cline

Town  
Pitts

County

Alleghany

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Italy

Occupation

Laborer

Date 1902

9

24

Age

16

Married

Widow

Divorced

Male

White

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's  
Name

Unknown

Mother's  
Maiden Name

Unknown

Cause of

Primary

Crushed under car wheel

How long sick

Death

Immediate

16

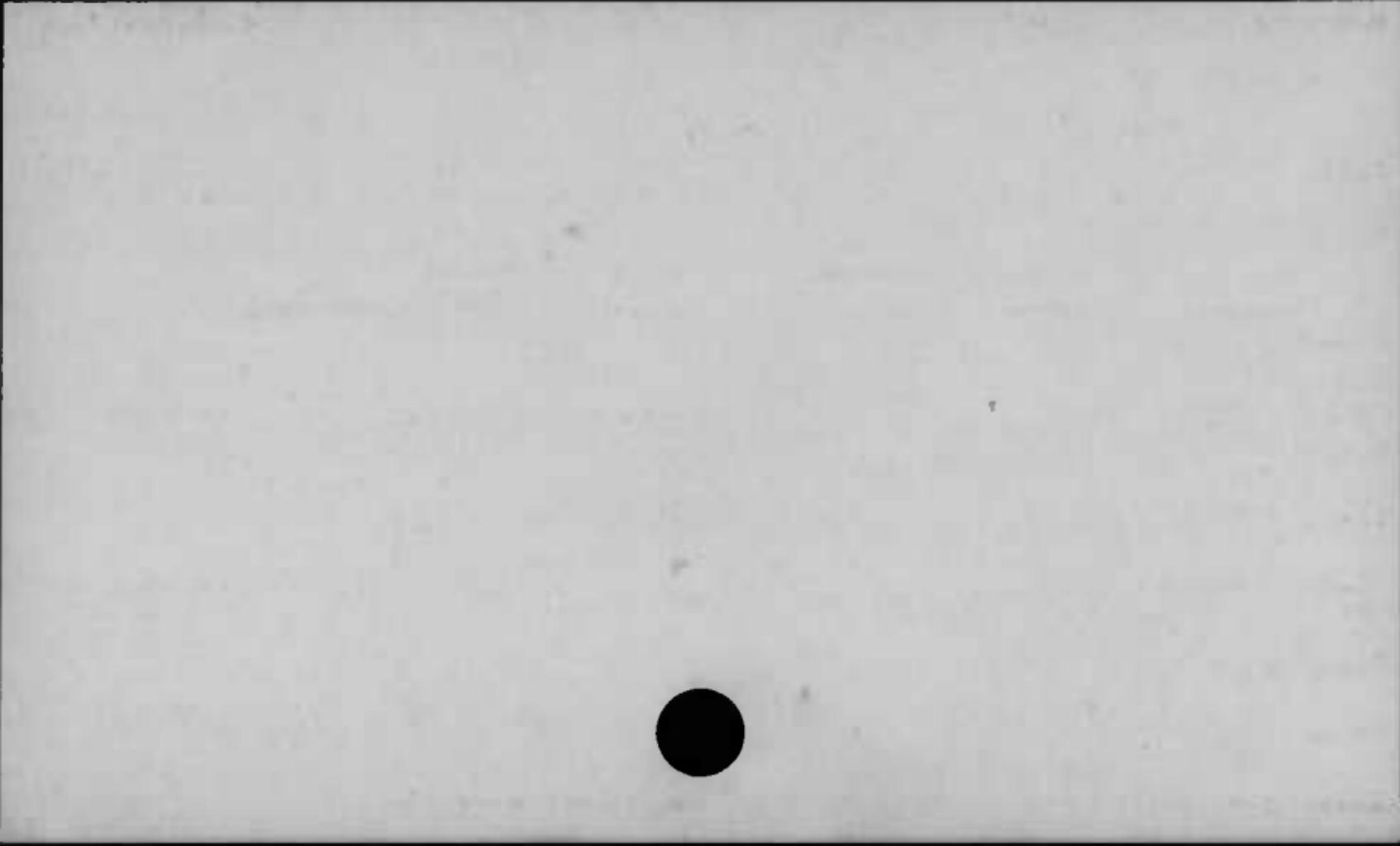
Accident, Suicide, Homicide

Reported by

J. M. Spear,  
Cumberland, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Amos Curly

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town Cumberland		County Allegheny	MARYLAND		
Date of death 1902	Month 9	Day 26	Age 82	Years —	Months —	Days —
Sex Male	Color or Race White	Occupation Farmer				
Married, Single or Widowed Married	Name of Wife or Husband Unknown					
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving Information	Brother of Almoner		How related to deceased None			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Heart disease 99

How long

1 year

Immediate

Dropsey

How long

Second month

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J. H. Spear  
Cumberland

Accident or Suicide?



Name  
in  
Full

Wanda Davis Wanda Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	To		County	MARYLAND		
Date of death 1902	Month	Day	Age	Years	Months	Days
Sex Female	Color or Race		White	Birth-place		Cumberland
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	Myphine Davis		Father's Birthplace	Cumberland		
Mother's Maiden Name	Ida Piper		Mother's Birthplace	—		
Name of person giving information			How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Meningitis		How long	Weeks
Immediate	Exhaustion		61	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. F. Turgeon	
		Address	Cumberland, Md	
Accident or Suicide?				



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Cumberland

Month

Day

Y.

M.

D.

Native of

Date 19

Male

White

Age

68 -

Island

Occupation

Female

Colored

Married

Single

Widow

Divorced

Number of children living

0

Husband of

Meyer Drinker

Mother's

Wife

Father's

Name

Maiden Name

Cause of

Primary

Fracture of femur

How long sick

3 weeks

Death

Immediate

Exhaustion heat

Accident, Suicide, Homicide

Reported by

Dr. G. C. Coker  
Cumberland, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Lynn H. Fagans

Town

County

Died at

Cumberland

allegany

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Male

White

Age

Married

5 22 27

Occupation

none

Female

Colored

Single

Widow

Divorced

Number of children living

Husband  
ofFather's  
Name

Peter Fagans

Mother's  
Name

Weeks

Cause of

Primary

Congestion of brain

How long sick

10 day

Death

Immediate

Paralysis

Accident, Suicide, Homicide

Reported by

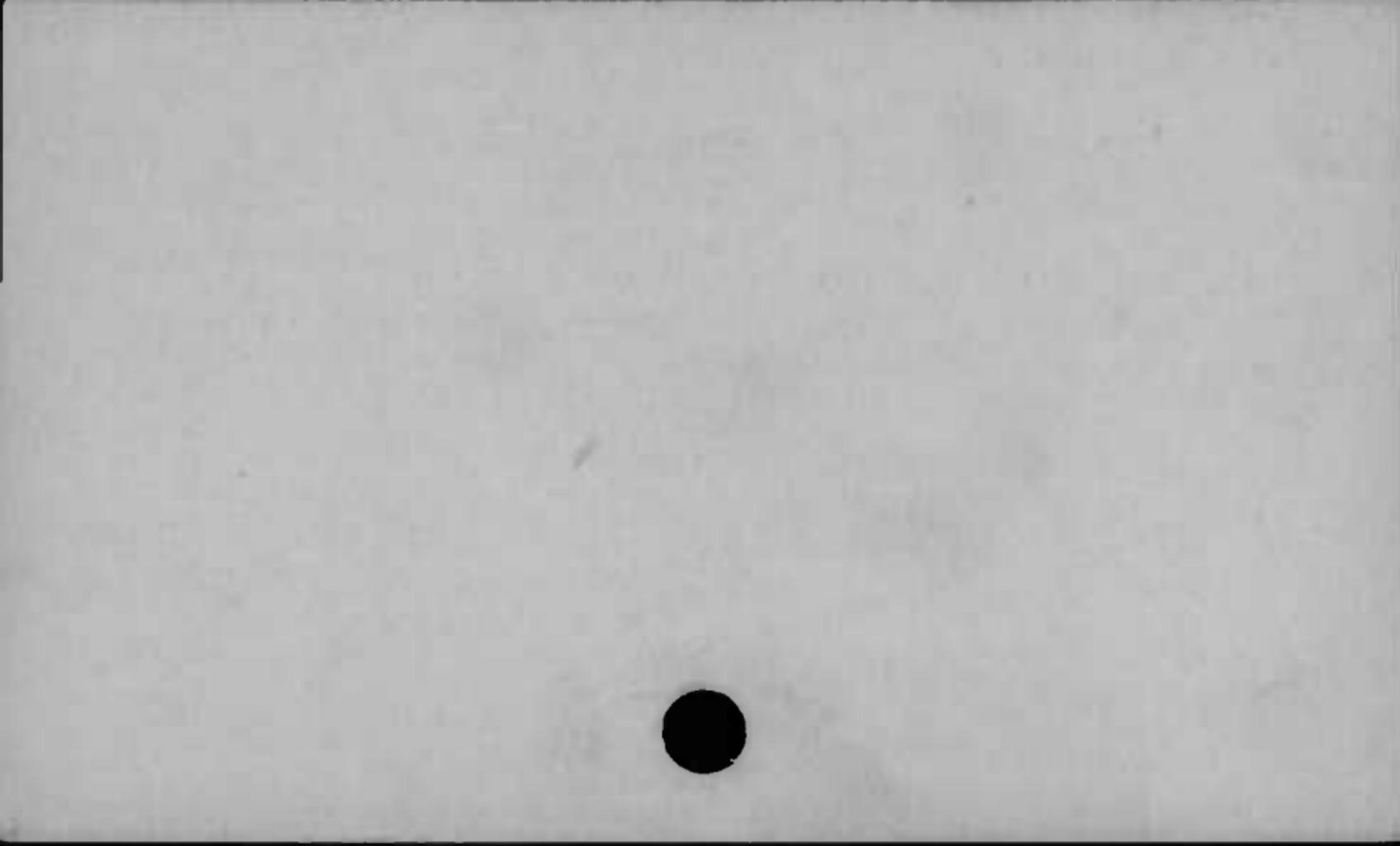
J. H. Thompson

Det

Address

63 N' Meekan

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Eva A. Garner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Camden</u>		Town		County <u>Caroline</u>		MARYLAND	
Date of death 1902	Month <u>Sept</u>	Day <u>1</u>	Age <u>74</u>	Years	Months	Days	
Sex <u>Female</u>	Color or Race <u>Negro</u>	Occupation <u>Waitress</u>		Birth-place <u>Alabama</u>			
Married, Single or Widowed							
Name of Wife or Husband	<u>John Garner</u>						
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information	<u>undated</u>		<u>79</u>		How related to deceased		

CAUSES OF DEATH

Primary

Organic Heart Disease one year

How long

Immediate

Paralysis

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. J. Gordan  
Cambridge, Md.

Accident or Suicide?

250

Henry

Green

Died at

Town  
PointCounty  
Alleghany

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

0

Husband of

Wife

Father's Name

Mrs. E. M. Green

Mother's Maiden Name

Unknown

Cause of Death

Primary

Gun shot wound

How long sick

Immediate

Hemorrhage

0

Accident, Suicide, Homicide

Reported by

J. M. Green.

Address

Cumberland, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Arthur Daniel Hanna

Town

County

Died at

Prospecton

alleg

MARYLAND

Date 19

02

Month

Day

M.

D.

Native of

Sep 3

2-3

U.S.

Occupation

Male

White

Age  
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Ulysses Hanna

179

Mother's Maiden Name

Mary Williamson

How long sick

Cause of Death

Primary

Thick Some Congenital

Immediate

Inhal - did not see child alive

Accident, Suicide, Homicide

Reported by

S J Griffith

Frederick

Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

66 May -

allegany County -

Name  
in  
Full

TO BE ANSWERED BY

NEAREST FRIEND

Mary Jane Hendricks

**CERTIFICATE OF DEATH**

Died at <u>Concordance</u>			County <u>Accomack</u>		MARYLAND	
Date of death 1902	Month <u>Sept</u>	Day <u>16</u>	Age <u>59</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>		Occupation <u>Occupant</u>		Birthplace <u>Virginia</u>	
Married, Single or Widowed <u>Married</u>						
Name of Wife or Husband <u>Thomas Hendricks</u>						
Father's Name					Father's Birthplace	
Mother's Maiden Name					Mother's Birthplace	
Name of person giving Information <u>W. G. Hendricks</u>					How related to deceased <u>None</u>	

PHYSICIAN  
OR CORONER

## Primary

## Paralysis

111

How long

## Seven Feasts

### Immediate

## Extramission

five days

Are the name, age, sex, color, date and place correctly given above?

yes

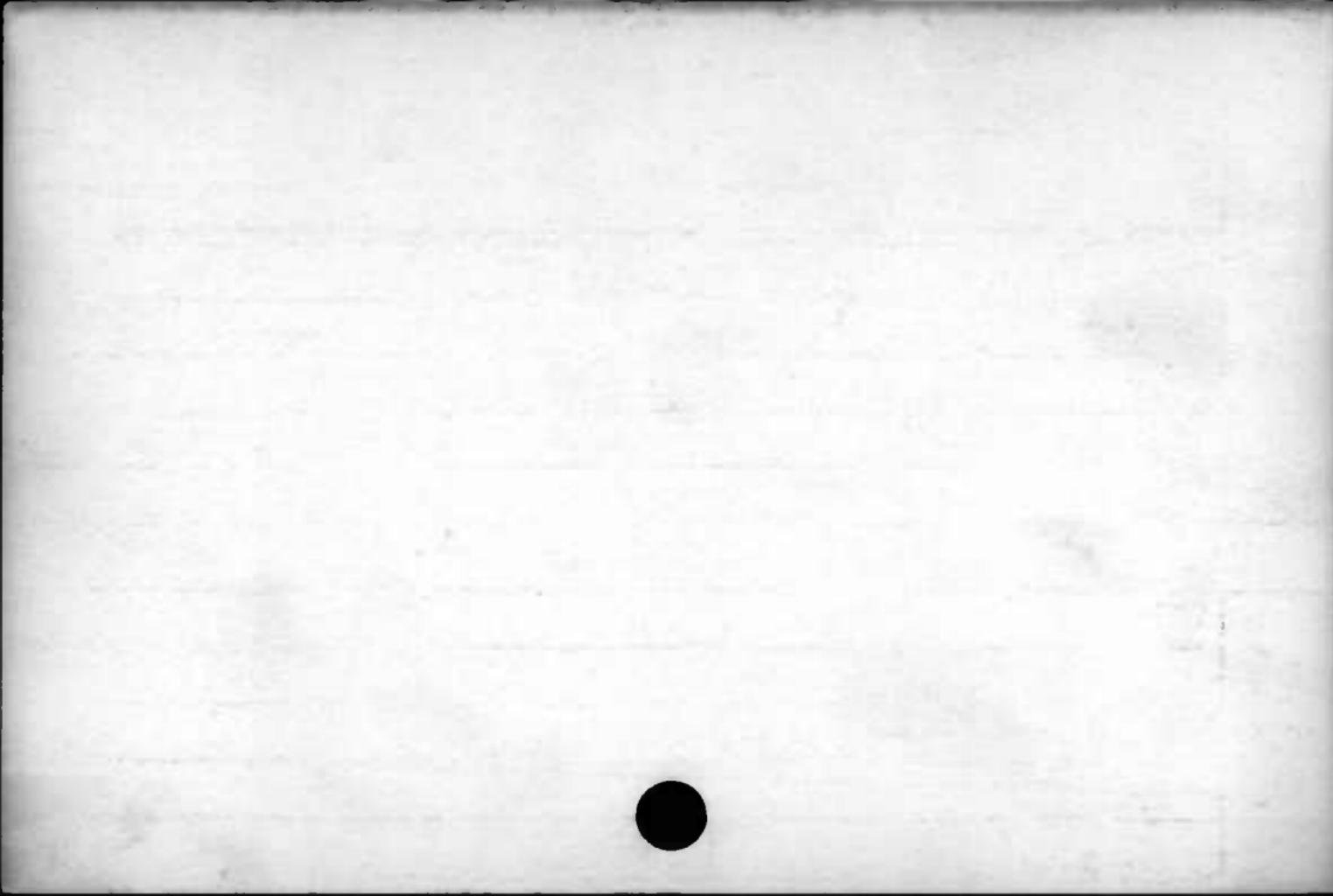
Signature of  
Physician

### Address

John Wilson

## Accident or Suicide?

Mayland



Nora L Hoffmann  
Town County

Died at	Cumberland			Y. 1902	M. Sept 18	D. 2.13	Native of	MARYLAND
Date	Month	Day	Age	Y.	M.	D.	Occupation	
	Male	White	Married			Widow	Divorced	
	Female	Colored	Single			Widower	Number of children living	0

Husband of

Wife

Father's Name

H. S. Hoffmann Mother's  
Maiden Name

105

Read

Cause of Death

Primary Tuberculosis

How long sick

2 months

Death

Immediate Exhaustion

Accident, Suicide, Homicide

Reported by

J. G. McCreary

Address

12th and 

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Anna Elizabeth Joyes

Town

County

MARYLAND

Died at

Crown

D.

Albany

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02 Sept-8<sup>th</sup>

Age

- 7 -

Male

Married

Widow

Divorced

Female

White

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

R. H. Joyes

Mother's  
Maiden Name

Anna Rowan

Cause of

Primary

Influenza meningitis

How long sick

3 wk

Death

Immediate

Accident, Suicide, Homicide

Reported by

E B Claybrook 28

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mrs. Catherine Judy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death 190	2 Sept	Month	Day	Years	Months	Days
Sex	Femal.	Color or Race	white	Age 78	Birth- place	Mad
Married or Widowed	Occupation		Widow. Housewife			
Name of Wife or Husband	don't know					
Father's Name	"	"	"	Father's Birthplace	—	
Mother's Maiden Name	"	"	"	Mother's Birthplace	—	
Name of person giving Information	40		How related to deceased	—		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Carcinous Hepatis.

How long

Immediate

Emphysema

How long

Are the name, age, sex, color, date  
and place correctly given above?

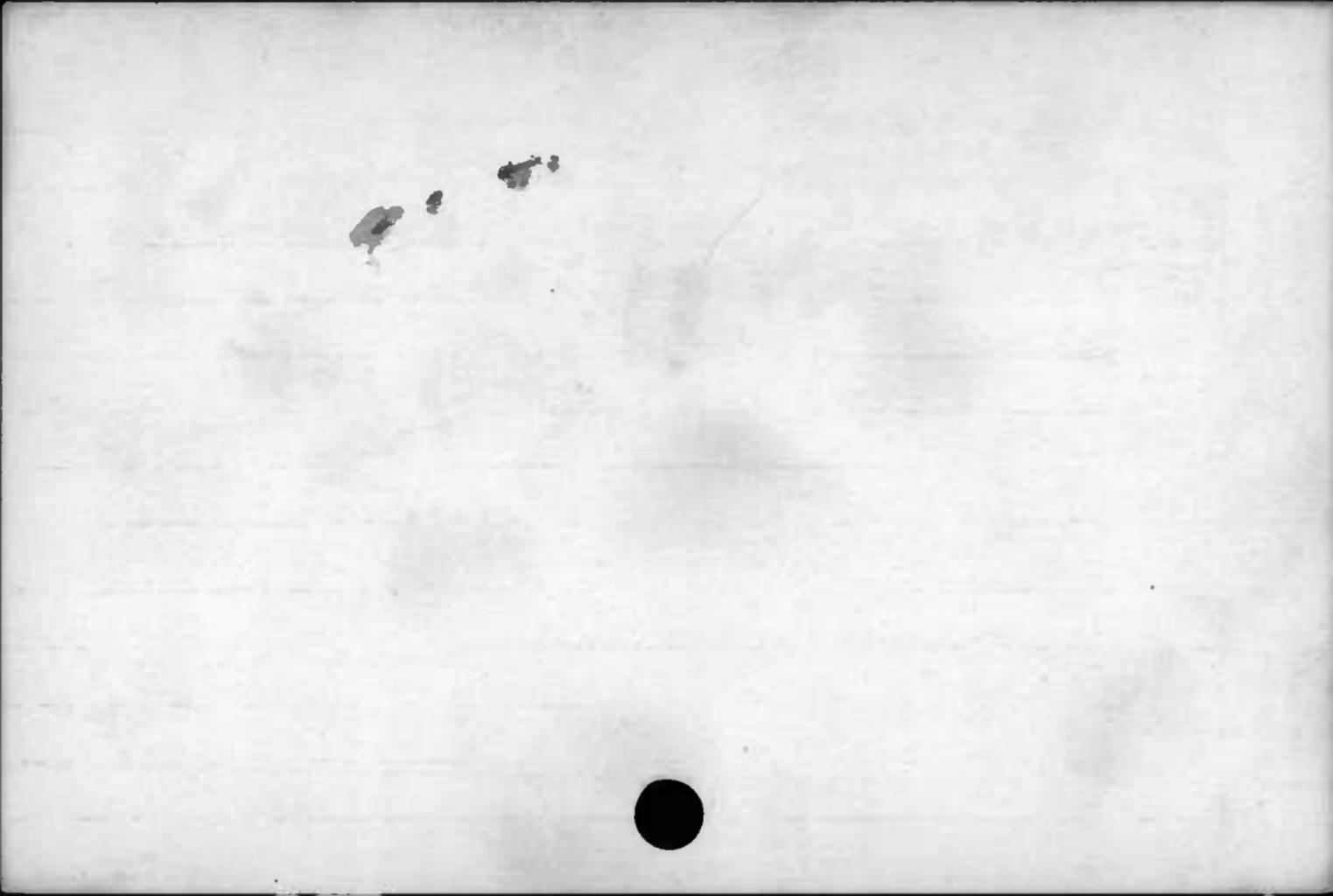
Yes.

Signature of  
Physician

Address

J.B. Hill Donald.  
Cumberland Md.

Accident or Suicide?



Died at

Town

County

Date 19

Month

Day

Y.

M.

D.

Name of

MARYLAND

Occupation

Frontbury Allegany

19

Male

Female

White

Colored

Age  
Married

Single

Widow

Widower

Divorced

Number of children living

Husband of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Maiden Name

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

C. F. Nockel

Allegany

Robert Kennedy

Town

County

Died at

Cumberland

MARYLAND

Month

Day

Y. M. D.

Native of

Date 19 02 1968

Age 20

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

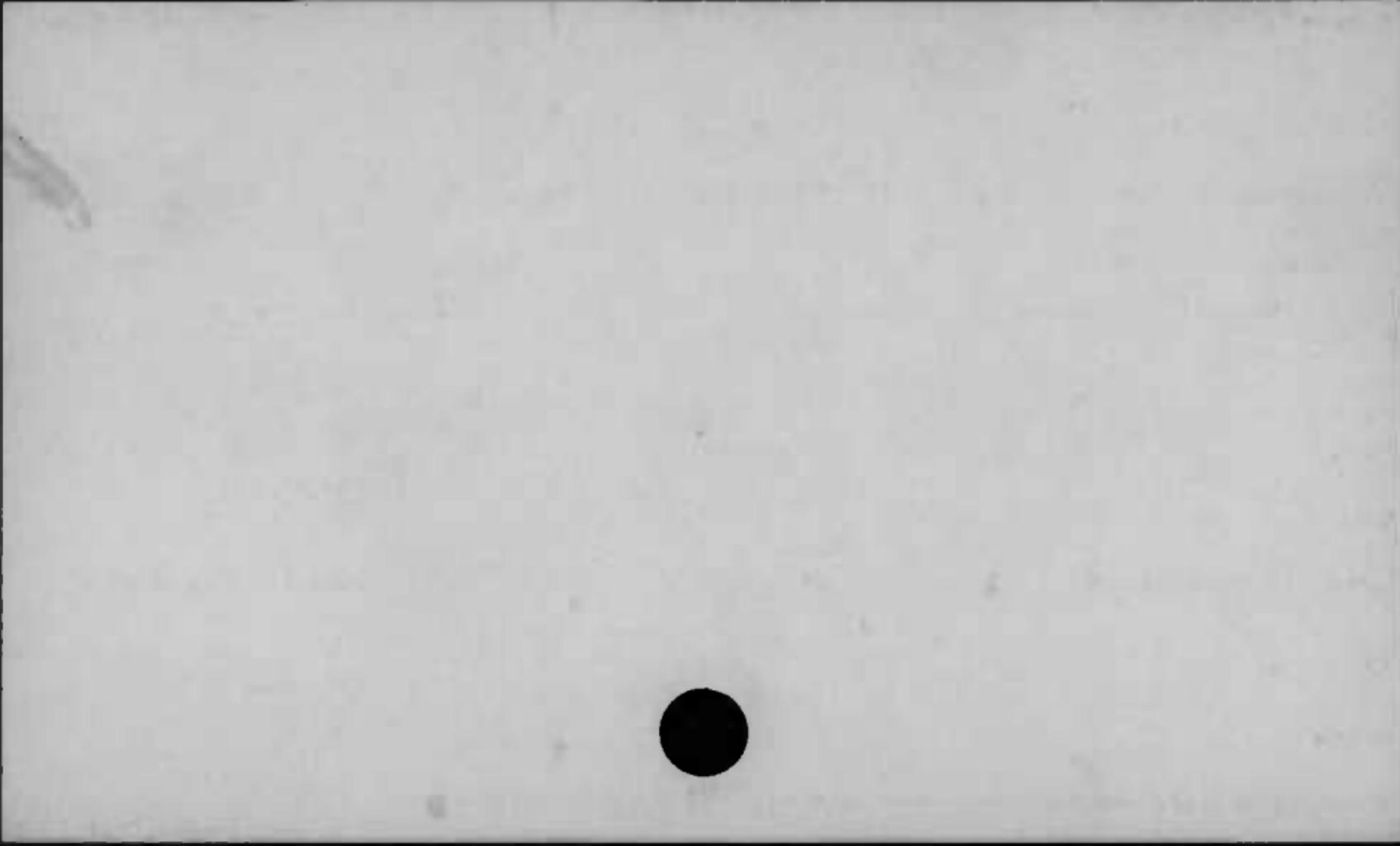
6 hrs

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

William Gibson Little

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month Sep	Day 13-14	Age 32	Years	Months — Days —
Sex male	Color or Race white	Birth-place			
Married, Single or Widowed	Occupation	Rake - Road			
Name of wife or Husband	Fannie Bell				
Father's Name	Wm G Little				
Mother's Maiden Name					
Name of person giving information	Undertaker 175				
How related to deceased none					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Parabolic acid poisoning

How long

immediately

How long

"

Immediate

Emma

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

C. H. Bracey, M.D.

Cumb'd Md

Accident or Suicide?

Unknown



Unmarried

Died at	Town	County	MARYLAND
	Crusta	Allegany	
Date 19	Month	Day	
82	Sept	8 <sup>th</sup>	
Male	Age	Y. M. D.	Native of
Female	White	—	Allegany
	Colored	—	Occupation
	Married	—	—
	Single	Widow	Divorced
Husband of		Widower	Number of children living
Wife			—

Father's Name	W. G. Little	Mother's Maiden Name	Lizzie Betz
Cause of Death	Primary	How long sick	—
	Immediate	Accident, Suicide, Homicide	—
Reported by	Still Birth		

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ellen Martin

Town

County

Died at

Cumberland

MARYLAND

Allegany

	Month	Day	Y.	M.	D.	Native of	Occupation
Date 19	Sept	10	9				
Male	White		Married			Widow	Divorced
Female	Colored		Single			Widower	Number of children living

Husband of

Wife

Father's

Dr. Martin

Mother's

Name

Maiden Name

Cause of

Primary

Typhic fever

How long sick

3 days

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

Hospital

Address

Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

3

8

1



C. F. Neckel -  
Allegany Cemetery.

Janet Moon

Town

Midland

County

Allegany

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

US

Occupation

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Janet Moon

Mother's

Name

Rebecca Danner

Cause of

Primary

Hysteria

How long sick

3 weeks

Death

Immediate

Insanity

105

Accident, Suicide, Homicide

Reported by

Obstruction

Address

Somers Bay, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Neville

CERTIFICATE OF DEATH

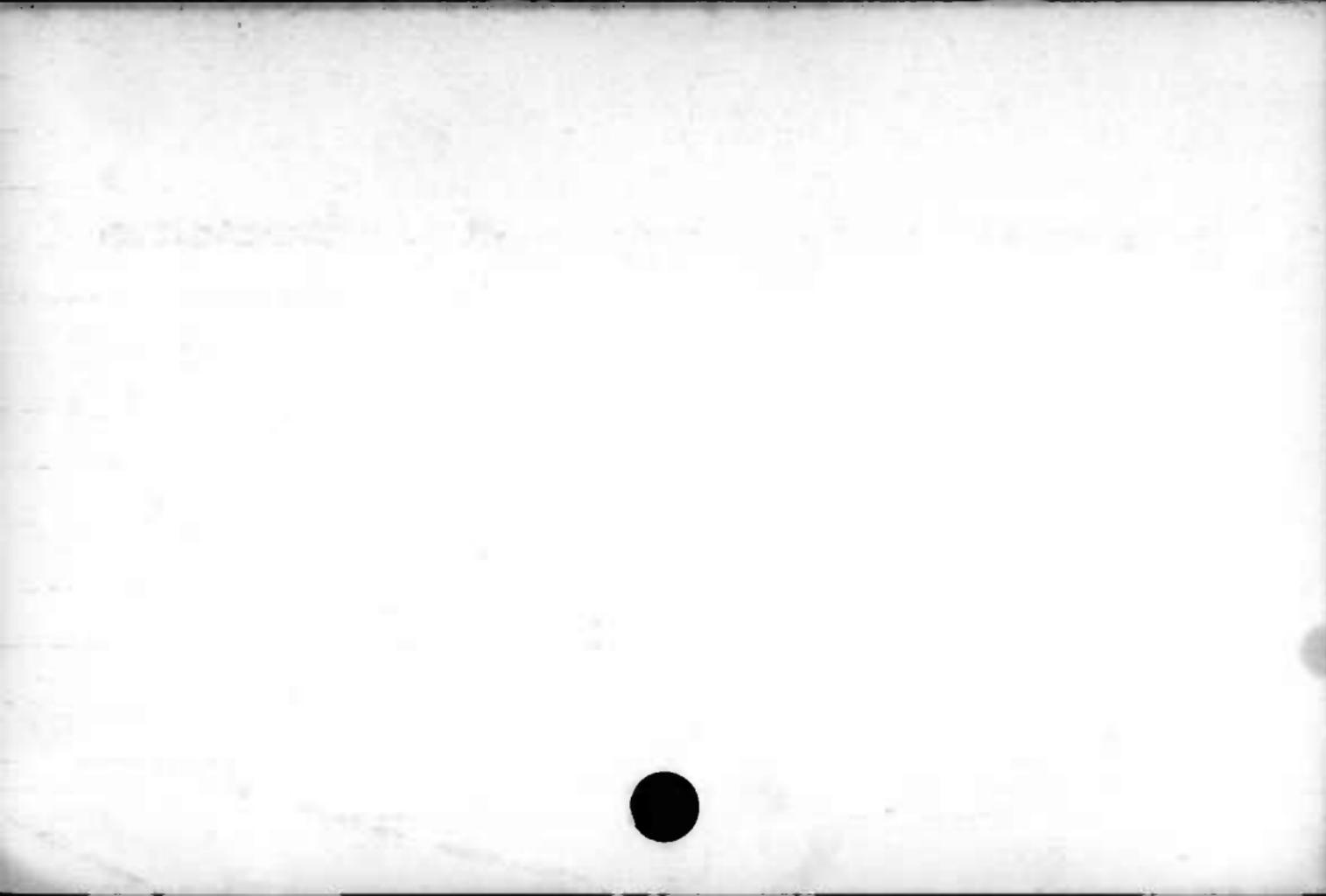
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bartow</u>		Town	County <u>Allegany</u>		MARYLAND		
Date of death 1902	Month Sept.	Day 22	Age 1	Years 1	Months 1	Days 16	
Sex Female	Color or Race white	Birth-place <u>Bartow</u>					
Married, Single or Widowed <input checked="" type="checkbox"/>	Occupation <input checked="" type="checkbox"/>						
Name of Wife or Husband <input checked="" type="checkbox"/>							
Father's Name <u>James Neville</u>	Father Birthplace <u>W. Virginia</u>						
Mother's Maiden Name <u>Susan E. Fike</u>	Mother's Birthplace <u>Maryland</u>						
Name of person giving Information <u>Mrs. Neville</u>	How related to deceased <u>Mother</u>						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cholera infantum dysentery</u>	How long <input checked="" type="checkbox"/> <u>one week</u>
Immediate <input checked="" type="checkbox"/>	How long <input checked="" type="checkbox"/>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. A. Boucher</u>
	Address <u>Bartow</u>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name  
in  
Full

Mary Ann Catharine Nicol

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1902	Month Sept.	Day 30	Age 23	Years	Months 7	Days 2
Sex	Female	Color or Race	White. Cancer in		Birth-place	Lonacoming Ad	
Married, Single or Widowed	Married		Occupation		Wife		
Name of Husband	Charles Nicol						
Father's Name	James Leasdale Jr.				Father's Birthplace	England	
Mother's Maiden Name	Virginia Green				Mother's Birthplace	Maryland	
Name of person giving information	Mother Jas. Leasdale Jr.				How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid Fever	How long	23 days.
Immediate	Intestinal hemorrhage	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	M. Gibson Portin
		Address	Lonacoming Md.
Accident or Suicide?		No.	



Katherine O'Tool

Town

County

MARYLAND

Died at

Cumberland Allegany

Month

Day

Y.

M.

J.

Native of

Date 1902

9

21

Age

1-3

Widow

Native

Occupation

White

Married

Widow

Native

Female

Black

Single

Widow

Native

Husband of

Wife

Father's Name

Dan O'Tool

Mother's

Maiden Name

Cause of Death

Primary

meningitis

How long sick

2 weeks

Immediate

Accident, Suicide, Homicide

Reported by

Dr. E. B. Claybrook,  
Cumberland Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mary Louise Piatt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cumberland		County Somerset		MARYLAND		
Date of death 1902	Month 9	Day 21	Years Age 82	Months 0	Days 1	
Sex Female	Color or Race White American	Birth-place				
Married, Single or Widowed	Occupation Mary L. Piatt					
Name of Wife or Husband						
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving Information	95 How related to deceased					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Pulmonary Edema  
Immediate  
Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J. T. Johnson, M.D.  
Cumberland,  
Md.

Accident or Suicide?



Died at

Town

Borden Shaft

County

Richie  
Allegany

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

19

Sept(2)

Age

45-9

F

Scotland

Divorced

Miner

Male

White

Married

Widow

Divorced

Number of children living

Female

Colored

Single

Widower

Husband of

Wife

Father's

Name

Cause of

Primary

Mother's  
Maiden Name

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Chitney

Name  
in  
Full

Charles Ross

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	Lonaconing		Allegany			
Date of death 1902	Month Sept	Day 4	Age 56	Years	Months 11	Days 22
Sex Male	Color or Race		White		Birth-place Scotland	
Married, Single or Widowed			Occupation Miner			
Name of Wife Mrs. Stevenson						
Father's Name Charles Ross					Father's Birthplace	Scotland
Mother's Maiden Name Ora Cunnard					Mother's Birthplace	"
Name of person giving information Mrs Chas Ross			116		How related to deceased	wife.

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Concussion of Spine due accident.		How long	4 weeks
Immediate	Paralysis		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. S. Skilling	
		Address	Lonaconing,	
Accident				



John Shearer  
Town Columbus County a/c/c a.

Died at

MARYLAND

Date 1902 Month Sep Day 4

Age 59 M. D. -

Native of -

Occupation Saloon

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of -

Wife

Father's

Mother's

Name

Maiden Name

- 120

Cause of

Primary

Bright's Disease

How long sick

our know

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

C. H. Brace

Address

Columbus



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Steckman

Town

Cumberland

County

Alta.

Died at

MARYLAND

Date 1902 Sep 14

Month

Day

Y.

M.

D.

Age

27

--

Native of

Pa

Occupation

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

John Steckman

Mother's

Maiden Name

175

Cause of Death

Primary

Carbolic acid poisoning

How long sick

Unmeasured

Death

Immediate

shock

or  
Accident, Suicide, Homicide

Reported by

Dr. F. Bruce

Cumberland [redacted] Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

153

Name in Full

Certificate of Death

Catherine E. Voglman

Town

Frederick

County

Died at

MARYLAND

02

Month

9 - 18

Day

Y.

69

M.

9

D.

Native of

German

Occupation

Housewife

Date 189

Male

White

Age

Married

Widow

Divorced

Female

Colored

Single

Number of children living

9 -

Husband

of Conrad Voglman

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Health disease

How long sick  
some years

Death

Immediate

Accident, Suicide, Homicide

Reported by

John, wife

Address

Brotherhood

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

C-F. Nickel.

German Lutheran C

Died at <b>Dickhart</b>			Town	County	MARYLAND		
Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1902	9	21	Age 62	—	—	Christiansburg	Former Farmer
Male	White	Married	Widow	Divorced	Number of children living 4		
<del>          </del>	<del>          </del>	<del>          </del>	<del>          </del>	<del>          </del>			
Husband of	<b>Mary D. Schramm</b>						
Wife							
Father's Name	Mother's Maiden Name						
Cause of Death	How long sick						
Primary	27						
Immediate	Accident, Suicide, Homicide						
Reported by	<b>D. F. Nickel Undertaker</b>						
Address	<b>Fairbury</b>  <b>W. Va.</b>						

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

C. F. Neckel

Catholic Cemetery.

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Arthur Water

Died at		Town	County	Native of			Occupation
Frostburg		Alleghany		Y.	M.	D.	MARYLAND
Date 1902 Sept. 29		Month	Day	Age	7-1100	U. S.	teacher
Male					Widow	Buried	
Single		Colored			Widower	Number of children living	
Husband of							
Wife							
Father's Name		James Water	Mother's Maiden Name	Mary Edison			
Cause of Death		Primary: Chronic nephritis	How long sick				6 months
Death		Immediate: com	120	Accident, Suicide, Homicide			
Reported by		Thomas J. Dailey					
Address		Frostburg, [REDACTED] Md.					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

G. M. Keyser

Died at	Town	County			Occupation
	Cumberland	Allegany			
Date	Month	Day	Y.	M.	D.
1902	Sept	18	-	2	-10
Female	White	Age	Married	Widow	Divorced
	Colored	1/4	Single	Widower	Number of children living
Husband of					
Wife					
Father's Name	Samuel Wilkes			Mother's	
				Maiden Name	
Cause of Death	Primary	Mal-nutrition (S)			How long sick
	Immediate				6 weeks
Reported by	J. G. Trudeau				
Address	69 W. 111th St.				

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Fred. W. Wetmore.

Town

County

Died at

Frostburg Allegany

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Male

White

Age

9

Married

Widow

Divorced

Occupation

None child

Female

Colored

Single

Number of children living

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Primary

Immediate

Mother's

Maiden Name

How long sick

12 hours

Accident, Suicide, Homicide

Spasms

71

Spasms

G. Jacobs.

Frostburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

24 mJ  
area

Name  
in  
Full

C. E. Shoff

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town Cumberland	County Allegany	MARYLAND	
Date of death 1902	Month 9	Day 26	Years 22	Months —
Sex	Male	Color or Race	White	Birth- place
Married, Single or Widowed	Single		Occupation	Brakeman on RR
Name of Wife or Husband				
Father's Name	Unknown		Father's Birthplace	Unknown
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown
Name of person giving Information	Self		How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

By accident Lost arm & crushed head

How long

4 days

Immediate

Coma

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

J. W. Spear

Address

Cumberland

Accident

Accident

W. J.

